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Bib Data Sheet

CONFIRMATION NO. 7954

<b>SERIAL NUMBER</b> 10/666,022	<b>FILING OR 371(c) DATE</b> 09/17/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 4239-66899
<b>APPLICANTS</b> Dennis M. Klinman, Potomac, MD; Daniela Verthelyi, Potomac, MD; <i>MSA</i>				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/411,944 09/18/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/15/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>MSA</i> Verified and Acknowledged <i>MSA</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 25
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Klarquist Sparkman, LLP One World Trade Center, Suite 1600 121 S.W. Salmon Street Portland, OR97204				
<b>TITLE</b> Method of treating and preventing infections in immunocompromised subjects with immunostimulatory CpG oligonucleotides <i>MSA</i>				
<b>FILING FEE RECEIVED</b> 1104	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	